

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214518688					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: The Software Defined Radio Forum, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA </div> <div style="width: 35%;"> DUE DATE: 4/30/2014 SCC ID NO: F1892662 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY							
4.) STATE OR COUNTRY OF INCORPORATION: CA							
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 12100 SUNSET HILLS RD. #130 CITY/ST/ZIP: RESTON, VA 20190 </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRUCE OBERLIES TITLE: PRESIDENT ADDRESS: 1301 E. ALGONQUIN RD CITY/ST/ZIP/CO: SCHAUMBURG, IL 60196 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: BRUCE OBERLIES TITLE: PRESIDENT ADDRESS: 1301 E. ALGONQUIN RD CITY/ST/ZIP/CO: SCHAUMBURG, IL 60196	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEONARD G. PUCKER, II CEO 867 STAYTE ROAD WHITE ROCK, BC V4B 4Y6, CA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAUDIO ARMANI DIRECTOR VIA PIERAGOSTINI 80 GENOVA,16151,ITALY , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. MURALIDHARAN DIRECTOR 42 OFF SAKI VIHAR ROAD MUMBAI,40007,INDIA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES NEEL DIRECTOR 147 MILL RIDGE RD STE 212 LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LEONARD G. PUCKER, II		LEONARD G. PUCKER, II, CEO	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		4/9/2014	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			